## PART B - FEE(S) TRANSMITTAL

Correlete and send this form, together with applicable fee(s), to: Mail					(703) 746-4000	or Patents ginia 22313-1450		
maintenance fee notificatio	orm should be used for tran trespondence including the below or directed otherwise ns. CE ADDRESS (Note: Use Block I for		JE FEE and rders and no	PUBLIC tification a new co	ATION FEE (if requot maintenance fees rrespondence address	, and/or (b) indicating a sej	should be completed where it correspondence address as parate TFEE ADDRESS" for	
CORRENT CORRESTORDER	LE ADDKESS (Note: Use Block I for	any change of address)	7125	VC)	Note: A certificate of	f mailing can only be used	for domestic mailings of the	
	590 04/18/2005		JUN 0 6 2005			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
DINSMORE & S	INH O O .		Ce	rtificate of Mailing or Trac	smission			
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CINCINNATI, OH 45202			TE TRAD	MAR	addressed to the Ma	I Stop ISSUE FEE addres	s above, or being facsimile	
6/07/2005 MBERHE1 00		`	A TRAD	i vi				
					Judith C.	Stoker //	(Depositor's name)	
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				į	10-	2-05	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/031,731	06/06/2002	<u> </u>	Wim I	van Ooii		19789-8		
TITLE OF INVENTION: A	CYLOXY SILANE TREAT	MENTS FOR ME	TALS			,,,,,,	6085	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE .	PU	SLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$1400		\$0	\$1400	07/18/2005	
EXAMINER		ART UNIT		CLA	SS-SUBCLASS	]		
KASTLER, SCOTT R		1742	1742 148-240000		148-240000	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
				isted, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(1) NA CORP. COLORS								
University of Cincinnati				RESIDENCE: (CITY and STATE OR COUNTRY)  Cincinnati, Ohio				
					Individual 🚨 Co	orporation or other private gre	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
Issue Fee				A check in the amount of the fee(s) is enclosed.				
Advance Order # 16	Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1133 (enclose an extra copy of this form).					
5. Change in Entity Status	from status indicated above)				KI	(enclose an extra co	opy of this form).	
a. Applicant claims SN	MALL ENTITY status. See 3		b. Applic	ant is no le	onger claiming SMAI	L ENTITY status. See 37 Cl	ED 1 27/a)/2)	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issue blication Fee (if required) w rds of the United States Pater	Fee and Publication	on Fee (if an	<b>.</b>		paid issue fee to the applica stered attorney or agent; or the		
Authorized Signature	-		Data	6-2-2005				
	erhaus			Registration 1	6-2-2005 No	<del></del>		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

Docket No: 19789-8

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Judith Stoker

NOA Date: February 11, 2005

## IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:

Wim J. van Ooij et al.

Paper No.:

Serial No.:

10/031,731

Group Art Unit:

1742

Filed:

June 6, 2002

Examiner:

Scott R. Kastler

For:

**Acyloxy Silane Treatments for Metals** 

## TRANSMITTAL OF ISSUE FEE PAYMENT

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Attached please find the Fee Transmittal form (PTOL-85) as well as credit card form PTO-2038 in the amount of \$1,400.00 for payment of the issue and publication fees in the above-referenced application. Please charge any additional fees required, and credit any overpayment, to Deposit Account No. 04-1133.

Respectfully submitted,

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